

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILED DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		X		/		
3		X		/		
4		X		/		
5		X		/		
6		X		/		
7		X		/		
8		X		/		
9		X		/		
10		X		/		
11		X		/		
12	1		1			
13		X		/		
14		X		/		
15		X		/		
16		X		/		
17		X		/		
18		X		/		
19		X		/		
20		X		/		
21		X		/		
22		X		/		
23		2		2		
24		2		2		
25		2		2		
26		2		2		
27	1		1			
28		X		/		
29		X		/		
30		X		/		
31		X		/		
32		X		/		
33		X		/		
34		X		/		
35		X		/		
36		X		/		
37		X		/		
38	1		1			
39		X		/		
40		X		/		
41		X		/		
42		X		/		
43		X		/		
44		X		/		
45						
46						
47						
48						
49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	44		44			
TOTAL CLAIMS	48		48			

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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

36  
8  
44